Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - ///2//	2. Fiscal Year Covered From:
,	1 / 1 /04 Through: 12 / 31 /04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name PaullW. Gould Sr.	Name Laborers' Local 727
	Labor Organization File Number 00 1746
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 402 9th Ave.	Street 768 Bloody Gulch Rd.
City Sterling,	City Dixon
State Illinois ZIP Code + 4 61081	State Illinois ZIP Code + 4 61021

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in engaged in transactions (including least) will				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).				
	7.a. Nature of Interest, Transaction, or Income. Please be advised that, based on the			
Name	records that are currently in my			
Total Name of	possession related to the calendar			
Trade Name, if any:	year 2004, I do not have, to the best			
B0 B	of my knowledge, any LM-30 reportable transactions. Iam filing this form			
P.O. Box, Bldg., Room No., if any	in order to qualify as part of the			
**	7.0. Altount.			
Street	DOL amnesty filing for 2004 and the			
	prior five years.			
City				
?) ·				
State ZIP Code + 4 State				
200 CL 200				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)
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Signed	Gal W.	Sullh
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on 8-15-05

815-622-2950

Date

Telephone Number

vame of Person Filing Paul W. Gould Sr.	File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or idealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	11.a. Nature of such dealing.  Same as section 7A of this report
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	A CONTRACTOR OF THE CONTRACTOR
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or parts A and B above)
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment
(including trade name, if any).	Same as section 7A of this report
Name	
rade Name, if any:	
P.O. Box, Bldg., Room No., if any	
treet	
City	
State ZIP Code + 4	

14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant

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